

CLAIMS ONLY

Application Number

10/518,987

.. Filling Date

Applicān(s)

CLAIMS	AS FILED 2/16/07		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
3						
4						
5						
6						
7	X	X				
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47						
48						
49						
50						
Total Indep.	1					
Total Depend.	13					
Total Claims	14					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						